

to offer that particular amendment. I shall never forget that moment.

The current program also prohibits seniors in America from buying re-imported drugs from countries like Canada. Does that make any sense? Well, it makes lots of "cents," in fact, millions and millions of dollars for the drug companies that want to bar our seniors, particularly those in the North and in the South who can go to other places to buy the very same drugs that are for sale in this country at exorbitant prices.

The plan that passed here in the Congress was jerry-rigged in that it requires seniors to pay thousands of dollars for prescription drugs before they reach the \$5,000 cap. How are they going to get those thousands of dollars?

The bill that passed has a big hole right in the middle that is going to come out of the pockets of our seniors in additional premium costs.

The Bush plan also intends to phase out the traditional Medicare program starting in 2010 for almost 7 million seniors, saying that they would no longer need to have a defined benefit plan, but they would get a voucher and could go on to the private market and try to get affordable prescription drugs.

Well, tell me now, how affordable do you think that can be? The Republican law, in essence, fails to provide a guaranteed prescription drug benefit plan through the traditional Medicare program that is affordable.

Until such full coverage is possible, I would urge my colleagues to support the Pharmaceutical Market Access Act of 2005, H.R. 328, which would allow re-importation.

Finally, in closing, let me say, H.R. 376 would permit the Government of the United States to negotiate the best price for our seniors, and I would urge our seniors to call their area Office on Aging to get advice on what to do in the current situation until we can improve this bill.

SENIORS TRY TO DECIPHER DRUG OPTIONS

(By Luke Shockman)

Bob Cain speaks for many senior citizens when the subject is Medicare's new prescription drug plan.

"It's confusing," he said as he stood outside a senior center in Toledo's Uptown neighborhood. "I got the big book [from Medicare], and I looked on the Internet. But I'm a college graduate, and I couldn't understand it."

Over and over, in senior centers, nursing homes, assisted-living complexes, and around kitchen tables nationwide, senior citizens and their family members are trying to make sense of Medicare's drug plan.

It hasn't been pretty.

"I don't think I've met any seniors who are [happy] with it," said Julie Dangelo, executive director of Senior Centers Inc., the senior center where Mr. Cain frequents. "Everybody is confused."

That said, Ms. Dangelo and other senior advocates have a message for the 43 million Americans on Medicare: Yes, this is confusing, and you are certainly free to complain about it. But ready or not, the clock on

the decision-making process will begin ticking Nov. 15.

By May 15, seniors will have to decide whether to sign up for Medicare's drug program. If they participate, they must determine which drug-plan option is best for them.

Despite all the hassle, the federal government expects seniors who take part in the program could end up saving quite a bit on their prescription-drug costs. Those with low income or on Medicaid likely will have all or most of their drug costs covered by Medicare—above and beyond the standard financial help available through the new program.

In an effort to alleviate confusion for seniors and their family members facing this important decision, The Blade has gone to experts and senior advocates to answer some basic questions.

So, what should you do first? Relax.

"You don't need to make a decision right now. There's no rush," said Kathy Keller, a spokesman for AARP Ohio. "Don't jump and say, 'It's Nov. 15 and I have to make a decision.' Collect all the information, and get your questions answered before doing anything."

The deadline for taking action and picking a plan is not Nov. 15 but May 15. However, seniors who wait until after May 15 likely will face penalties and have to pay higher premiums and other costs.

The first thing seniors need to decide is whether they should even join a Medicare prescription-drug plan. If seniors get their drug benefits through a retirement plan from their union or former employer, they already might be receiving a better deal than what Medicare will provide. By law, those former employers or unions have to send a letter telling seniors whether that's the case. Veterans eligible to receive drug benefits through the Department of Veterans Affairs get a better deal through the VA, for example, so they should stick with that.

If Medicare's drug plan does sound like it might be a good option, the most important thing seniors will need to have available when picking a plan—or when talking to someone who will be assisting in selecting a plan—is a list of all the drugs they are taking, the dosage amounts, and how often they take the drug. That's a list that doctors say seniors should have handy whether they choose to go with a Medicare drug plan or not.

Another key piece of information for seniors to know is whether they qualify for extra financial assistance. The Medicare drug program, in its standard form, doesn't cover all expenses. However, for many low-income seniors, including those on Medicaid, there is extra financial help available. Medicaid recipients automatically qualify.

Those not on Medicaid will need to apply for the help, which is available to those making less than \$14,355 annually (\$19,245 as a couple). The Social Security Administration handles applications, and seniors can call 1-800-772-1213 to learn if they qualify.

And remember, there are many people and places with resources available to help seniors in need of help in making these decisions. Use them. While insurance companies will have a vested interest in the plans that seniors choose, area senior centers and many pharmacies and doctors' offices are offering assistance, and there's a host of toll-free phone numbers available.

Perhaps the best advice for seniors right now: Take your time in making a decision.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

EXCHANGE OF SPECIAL ORDER TIME

Ms. ROS-LEHTINEN. Madam Speaker, I ask unanimous consent to take the time of the gentleman from Indiana (Mr. BURTON).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

GLOBAL WAR ON TERROR

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, a number of news sources have recently dedicated space and air time to headlines concerning our progress in the war on terror, such as "What the New York Times doesn't tell you."

Indeed, as we all have had occasion to note in some of our Nation's widely read news publications, the editorial rule is often there is no news like bad news. But in these Halls of Congress, no such rule abounds, so truth-telling must begin here.

Since the brutal terrorist attacks of September 11, the United States has responded with policies that offer a pragmatic approach to the challenges that we face in the region today. These have included taking the fight to the terrorists and their supporters, denying them the resources and safe sanctuaries, keeping them on the run so that they cannot target us at home, all while simultaneously assisting the developing Middle East democracies so that they can become a bastion of stable, free market democratic societies and as a means of addressing the root causes of terrorism and Islamic extremism.

As Chair of the House Subcommittee on Central Asia and the Middle East, I am proud of the success that these policies have enjoyed, particularly in the frontline states in the war on terror of Iraq and Afghanistan.

However, if we are to fully grasp where both countries are now, and where both are heading politically, we must understand what these nations have endured under brutal regimes that systemically denied the Iraqi and the Afghan people their freedom and shackled their hopes and aspirations.

Saddam Hussein's terrorist regime wreaked havoc on Iraq society and stunted the country's growth and development.

The mass graves are but one sad example of how this brutal ruler destroyed Iraqi lives. He indiscriminately slaughtered Iraqis, regardless of background, with an estimated 300,000 having disappeared from the time that Saddam took power in 1979 until his removal almost 25 years later.